FEE CALCULATION SHEET				105	X0880	7	AIL
(FOR USE WITH FORM PTO-875) APPLICANT(S)							
CLAIMS							
	AS FILED	AFTER .	AFTER 1 MAMENDAGENT		AS FILED	AFTER CAMERDARY	AFTER
-	IND. DEP.	IND. DEP.	IND. DEP.	-	IND. DEP.	IND. DEP.	IND. DEP.
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TOTAL		441	PARTIES.	TOTAL DEP	10000000	1000000	100 00000
CLAIMS				CLADICS	1420000	ENT of COMMERCE	